

IMPORTANT INSTRUCTIONS FOR COMPLETING THE WASHOE COUNTY APPLICATION FORM

- ❖ LIST ALL JOBS IN REVERSE ORDER, STARTING WITH YOUR PRESENT OR LAST JOB.
 - ❖ LIST YOUR ENTIRE WORK HISTORY INCLUDING PART-TIME, TEMPORARY, SELF-EMPLOYMENT, VOLUNTEER AND MILITARY JOBS.
 - ❖ LIST EACH PROMOTION AS A SEPARATE JOB, EVEN IF IT WAS WITHIN THE SAME ORGANIZATION.
 - ❖ LIST ALL IMPORTANT AND/OR TIME-CONSUMING DUTIES.
 - ❖ RESUMES MAY NOT BE SUBSTITUTED FOR THIS APPLICATION OR ANY OF ITS PARTS. INCOMPLETE APPLICATIONS MAY BE REJECTED.
 - ❖ EXAMPLES OF WORK, AWARDS, LETTERS, ETC., MAY BE TAKEN TO THE EMPLOYMENT INTERVIEW NOT ATTACHED (UNLESS NOTED) TO THE APPLICATION.
 - ❖ THIS APPLICATION FORM AND ITS ATTACHMENTS ARE OFFICIAL PROPERTY OF THE COUNTY AND CANNOT BE RETURNED, REUSED OR COPIED AFTER BEING SUBMITTED.
 - ❖ YOU SHOULD RETAIN A COPY OF THIS APPLICATION FOR FUTURE USE OR REFERENCE.
- **PLEASE FILL OUT FORM IN INK, PRINT OR TYPE.**
 - **ATTACH CERTIFICATES, TRANSCRIPTS, LICENSE COPIES, ETC., ONLY IF REQUIRED BY JOB ANNOUNCEMENT.**
 - **RETAIN A COPY OF YOUR COMPLETED APPLICATION FOR YOUR RECORDS.**

EMPLOYMENT QUESTIONNAIRE

The following information will be used in the Washoe County Department of Human Resources for research and statistical purposes only. Federal and State laws make it unlawful to discriminate in employment on the basis of race, color, religion, sex, sexual orientation, national origin, disability, or age. Your participation is voluntary and would be greatly appreciated. This information will be kept separate and confidential and will not be used to make any employment decision.

I first learned of this recruitment through (check one):

- ☐ Job Announcement / Walk-in County Department of Human Resources
- ☐ Washoe County Website
- ☐ Social Media
- ☐ Washoe County Employee / Department (other than HR)
- ☐ JobConnect
- ☐ Ad in Newspaper / Publication
- ☐ Professional Trade Journal / Organization / Conference
- ☐ Letter / Email / cMail from Human Resources
- ☐ College/ Technical School
- ☐ Job Fair
- ☐ Parent / Guardian
- ☐ Returning Seasonal
- ☐ Work Reno
- ☐ America's Job Bank / CareerBuilder
- ☐ Other Internet Site
- ☐ Not listed above
- ☐ Prefer not to disclose

Choose one ethnic group with which you most closely identify:

- ☐ White
- ☐ Black or African American
- ☐ Hispanic or Latino
- ☐ Asian
- ☐ American Indian or Alaska Native
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ Prefer not to disclose

Choose one ethnic group with which you most closely identify:

- ☐ Hispanic or Latino
- ☐ Not Hispanic or Latino

Date of Birth: _____ Gender: [] Male [] Female
MM/DD/YYYY



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P.O. BOX 11130
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WASHOE COUNTY

APPLICATION FOR EMPLOYMENT

(TEMPORARY & INTERMITTENT HOURLY POSITIONS ONLY)

JOB ANNOUNCEMENT NUMBER:	TITLE OF JOB FOR WHICH YOU ARE APPLYING:	SOCIAL SECURITY NUMBER: (Optional)
(Please Print) NAME: LAST	FIRST	MIDDLE INITIAL
CURRENT MAILING ADDRESS (House or Apt. #, Street, P O Box, etc.)	CITY	STATE ZIP
HOME PHONE:	BUSINESS/MSG PHONE	VALID DRIVERS LICENSE NUMBER/ STATE/ EXPIRE DATE

E-MAIL ADDRESS:

HAVE YOU EVER BEEN EMPLOYED BY WASHOE COUNTY: ☐ Yes ☐ No (If your answer is yes, please use either the back of this form, or an additional sheet to list the specific dates, job title, department, and name of your supervisor. Omission of this information may lead to disqualification or dismissal.)

IMPORTANT: Are you a Veteran: ☐ Yes ☐ No Eligible veterans who were honorably discharged from the U.S. Armed Forces shall receive one (1) bonus point upon passing open competitive examinations. In order to be given a bonus point, applicants must show proof of **HONORABLE DISCHARGE (DD 214 with Classification of Discharge)** prior to establishment of the eligible list. Six month reservists are not eligible.

IMPORTANT: Please list Departments of interest:

List Department(s) you do not wish to interview with:

JOB AVAILABILITY:	SHIFT AVAILABILITY:	AREA AVAILABILITY:	AVAILABLE DATE:
<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME (20+ HRS PER WK) <input type="checkbox"/> TEMPORARY (6 MOS OR LESS) <input type="checkbox"/> INTERMITTENT HOURLY (ON-CALL)	<input type="checkbox"/> DAY <input type="checkbox"/> SWING SHIFT <input type="checkbox"/> GRAVEYARD <input type="checkbox"/> WEEKEND <input type="checkbox"/> ROTATING	<input type="checkbox"/> RENO / SPARKS <input type="checkbox"/> INCLINE VILLAGE <input type="checkbox"/> GERLACH <input type="checkbox"/> VYA	<input type="checkbox"/> AVAILABLE IMMEDIATELY <input type="checkbox"/> 2 OR MORE WEEKS NOTICE <input type="checkbox"/> NOT AVAILABLE NOW, BUT WILL BE _____

LIST JOB-RELATED CERTIFICATES / LICENSES, REGISTRATIONS, TYPING/DATA ENTRY, SHORTHAND SPEED, BILINGUAL, AND OTHER SPECIAL ABILITIES, ETC. BELOW:

TITLE	STATE	TITLE	STATE	BILINGUAL
NUMBER	EXPIRATION DATE	NUMBER	EXPIRATION DATE	LANGUAGE

HIGH SCHOOL: DID YOU GRADUATE: ☐ Yes ☐ No

IF NOT, HAVE YOU PASSED A G.E.D. TEST? ☐ Yes ☐ No

NAME AND LOCATION OF COLLEGES OR TRADE SCHOOLS ATTENDED.	DATES ATTENDED	CREDITS COMPLETED		MAJOR	UNITS IN MAJOR	DEGREES OR CERTIFICATES RECEIVED
		SEM.	QTR.			

THIS AREA FOR OFFICE USE ONLY.

Evaluated by _____ DATE _____

☐ ACCEPT ☐ REJECT - EXPERIENCE ☐ REJECT - EDUCATION ☐ REJECT - NO REQUIRED LICENSE/CERTIFICATION
☐ REJECT TYPING ☐ REJECT - NO REQUIRED LICENSE ☐ REJECT - OTHER (Explain) _____

REEVALUATED BY _____ DATE _____ ☐ APPLICANT WITHDRAWAL DATE _____

☐ ACCEPT ☐ REJECT COMMENTS _____

APPLICATION ENCODED BY _____ DATE _____ PROOFED _____

WASHOE COUNTY IS AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER HIRING EMPLOYMENT ELIGIBLE APPLICANTS.

PLEASE LIST JOBS BEGINNING WITH THE MOST RECENT

1. EMPLOYER NAME: _____		EMPLOYER LOCATION: _____	
Length of Experience: _____		Your Title: _____ Immediate Supervisor: _____	
From: ____/____/____	To: ____/____/____	Employer/Supervisor Phone Number: _____	
Mo./Yr.	Mo./Yr.	Duties _____	
Total: ____/____		_____	
Yrs. Mos.		_____	
[<input type="checkbox"/>] Full-time OR [<input type="checkbox"/>] Part-time		_____	
(40 hrs/week) (____) Hrs./Wk		Machines/Equipment used: _____	
Monthly Salary: _____		Number and Title of people you supervised: _____	
		Reason for leaving: _____	

2. EMPLOYER NAME: _____		EMPLOYER LOCATION: _____	
Length of Experience: _____		Your Title: _____ Immediate Supervisor: _____	
From: ____/____/____	To: ____/____/____	Employer/Supervisor Phone Number: _____	
Mo./Yr.	Mo./Yr.	Duties _____	
Total: ____/____		_____	
Yrs. Mos.		_____	
[<input type="checkbox"/>] Full-time OR [<input type="checkbox"/>] Part-time		_____	
(40 hrs/week) (____) Hrs./Wk		Machines/Equipment used: _____	
Monthly Salary: _____		Number and Title of people you supervised: _____	
		Reason for leaving: _____	

3. EMPLOYER NAME: _____		EMPLOYER LOCATION: _____	
Length of Experience: _____		Your Title: _____ Immediate Supervisor: _____	
From: ____/____/____	To: ____/____/____	Employer/Supervisor Phone Number: _____	
Mo./Yr.	Mo./Yr.	Duties _____	
Total: ____/____		_____	
Yrs. Mos.		_____	
[<input type="checkbox"/>] Full-time OR [<input type="checkbox"/>] Part-time		_____	
(40 hrs/week) (____) Hrs./Wk		Machines/Equipment used: _____	
Monthly Salary: _____		Number and Title of people you supervised: _____	
		Reason for leaving: _____	

1. I declare that any statement in this application or information provided is true and complete. I understand that if I provide false information it shall be sufficient cause for disqualification or dismissal.
2. I attest that I have the legal right to reside and work in this country. (Proof required upon employment.)
3. A record of conviction will not necessarily bar you from employment. The Hiring Authority will consider, in addition to the record of conviction, the factors such as:
 - a) The length of time that has passed since the offense;
 - b) The age of the applicant at the time of the offense;
 - c) The severity and nature of the offense;
 - d) The relationship of the offense to the position for which the applicant has applied; and
 - e) Evidence of the rehabilitation of the applicant.
4. In connection with this application, I authorize Washoe County and any agent acting on its behalf to conduct an inquiry into any information related to my potential or continued employment with the county and authorize the release of any such information, including, but not limited to, prior employers and any criminal conviction on my record. Moreover, I hereby release Washoe County and any agent acting on its behalf from any liability by reason of requesting such information from any person and its subsequent release as provided herein.

Signature(DO NOT PRINT)	Date	Social Security Number
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List any other names that you have used.

Should more space be needed to list your employment history, ADDITIONAL employment history forms are available for your use.
PLEASE REMEMBER TO KEEP A COPY OF YOUR APPLICATION WHEN COMPLETED. You may be asked to bring a copy of your current application to job interviews, and you may need it for future reference when applying for other positions.

PLEASE ATTACH COPIES OF APPROPRIATE CERTIFICATIONS, LICENSES, AND/OR TRANSCRIPTS IF REQUESTED IN THE JOB ANNOUNCEMENT.

1. EMPLOYER NAME: _____		EMPLOYER LOCATION: _____	
Length of Experience: _____			
From: ____/____/____ Mo./Yr.	To: ____/____/____ Mo./Yr.	Your Title: _____	Immediate Supervisor: _____
		Employer/Supervisor Phone Number: _____	
Total: ____/____ Yrs. Mos.		Duties _____	
[] Full-time OR [] Part-time			
(40 hrs/week) (____) Hrs./Wk			
Monthly Salary: _____		Machines/Equipment used: _____	
		Number and Title of people you supervised: _____	
		Reason for leaving: _____	

2. EMPLOYER NAME: _____		EMPLOYER LOCATION: _____	
Length of Experience: _____			
From: ____/____/____ Mo./Yr.	To: ____/____/____ Mo./Yr.	Your Title: _____	Immediate Supervisor: _____
		Employer/Supervisor Phone Number: _____	
Total: ____/____ Yrs. Mos.		Duties _____	
[] Full-time OR [] Part-time			
(40 hrs/week) (____) Hrs./Wk			
Monthly Salary: _____		Machines/Equipment used: _____	
		Number and Title of people you supervised: _____	
		Reason for leaving: _____	

3. EMPLOYER NAME: _____		EMPLOYER LOCATION: _____	
Length of Experience: _____			
From: ____/____/____ Mo./Yr.	To: ____/____/____ Mo./Yr.	Your Title: _____	Immediate Supervisor: _____
		Employer/Supervisor Phone Number: _____	
Total: ____/____ Yrs. Mos.		Duties _____	
[] Full-time OR [] Part-time			
(40 hrs/week) (____) Hrs./Wk			
Monthly Salary: _____		Machines/Equipment used: _____	
		Number and Title of people you supervised: _____	
		Reason for leaving: _____	

4. EMPLOYER NAME: _____		EMPLOYER LOCATION: _____	
Length of Experience: _____			
From: ____/____/____ Mo./Yr.	To: ____/____/____ Mo./Yr.	Your Title: _____	Immediate Supervisor: _____
		Employer/Supervisor Phone Number: _____	
Total: ____/____ Yrs. Mos.		Duties _____	
[] Full-time OR [] Part-time			
(40 hrs/week) (____) Hrs./Wk			
Monthly Salary: _____		Machines/Equipment used: _____	
		Number and Title of people you supervised: _____	
		Reason for leaving: _____	

NAME: _____	SSN: _____	DATE: _____
TITLE OF POSITION FOR WHICH YOU ARE APPLYING: _____		
ADDITIONAL EMPLOYMENT INFORMATION SHEET		